

Foster Family Home - Corrective Action Report

Provider ID: 1-190034

Home Name: Jean Edades, CNA

91-817 Aikanaka Road

Ewa Beach

HI

96706

Review ID: 1-190034-4

Reviewer: Jackie Chamberlain

Begin Date: 3/30/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.
Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) HHM # 3 (turned 18) needs APS, CAN, Fingerprint

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) All CG's and HHM need proof of confidentiality training

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for CG # 3 or for Client # 1 [REDACTED]

Foster Family Home	Client Account	[11-800-48]
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48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) No documentation of client's personal funds

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Foster Family Home

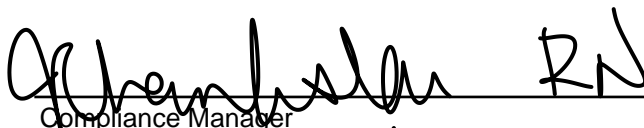
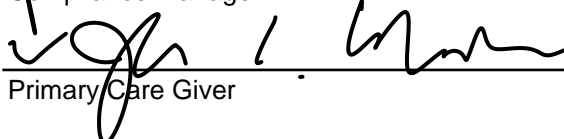
Client Rights


[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) no documentation on visiting hours which per "My choice my way" visiting hours cannot be restricted


Compliance Manager

Primary Care Giver


Date

Date